

Nottinghamshire County

LINK

Improving Communications between GP's and Hospitals, including length of time and the efficiency in which information is received, paying particular reference to the Clinical Commissioning Groups

September 2011

Contents

Origination of issue	3
Participants and partners involved	3
Aims and objectives	5
Activities & information gathering	5
Statutory 20 Day Letter Requests.....	5
Responses from GP Surgeries	6
NHS Acute Trusts	9
Recommendations	15
Conclusions	18
Monitoring	18
Thanks	18

Origination of issue

The Nottinghamshire County LINK held a series of workshops in each district across Nottinghamshire from November 2010 to January 2011. These workshops were well attended by patients, the public and key stakeholders. During these workshops an overarching issue was raised which focused on the need to improve communications between health care professionals, and specifically between hospitals and local GP's.

Following this, a task and finish group was formed and the group decided to focus their attention on:

- Improving Communications between GP's and Hospitals, including length of time and the efficiency in which information is received, paying particular reference to the Clinical Commissioning Groups.

Participants and partners involved

The following table includes LINK participants, and stakeholders who were involved in completing this report;

Participant Name / Role	Organisation (If applicable)
Emma Pryor	Task and Finish Group Lead
Steve Shaw	Task and Finish Vice Lead, Ashfield Voluntary Action
Adele Walker	Community Outreach Advisor (Gedling) Age UK Nottingham & Nottinghamshire
Alan Sutton	LINK Participant
Anne Cater	Partnership Officer, Bassetlaw Community and Voluntary Service
Annette Harpham	Mansfield Community and Voluntary Service
Beverley Pearson	The Pension Service
Carol Burkitt	
Claire Staley	Bassetlaw Women's Royal Voluntary Service
Dean Thomas	Disabled Parents Network
Eileen Morley	LINK Participant
Elizabeth Mandeville	LINK Participant

Participant Name / Role	Organisation (If applicable)
Elsbeth Young	LINK Participant
Eric Adjaidoo	LINK Participant
Fiona Simpson	CEO NAVO
Iris Parker-Smith	LINK Participant
Jane Coleman	Nottinghamshire County Council
Jane Stubbings	LINK Participant
Jean Carr	LINK Participant
John Brealey	LINK Participant
John Kerry	LINK Participant
Julie Bryant	LINK Participant
Karen Stainer	LINK Participant
Kelly Strouther	LINK Participant
Lis Lawrence	LINK Participant
Lynne Richardson	LINK Participant
Marek Melges	LINK Participant
Mark Hunter	LINK Participant
Michael Gutteridge	LINK Participant
Muriel Weisz	Chair of the Nottingham Arthritis Care Self Help Group
Nick Blinston	Care and Comfort
Nicola Wade	Action for Blind People
Oona Kirkland	Head of Business Development, Nottingham University Hospitals NHS Trust
Pat Crowe	LINK Participant
Penny Spice	Commissioning Manager, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
Richard Smith	LINK Participant
Rosaleen Dyce	LINK Participant
Sarah Gell	Home Instead
Shirley Inskip	LINK Participant
Steve Bowen	LINK Participant
Susan Overend	LINK Participant
Tracey Bools	Nottinghamshire County Council
Tracey Lindley	Practice Based Commissioning General Manager, Nottingham West Clinical Commissioning Group

Participant Name / Role	Organisation (If applicable)
Tracy Mullaney	Development Officer, NAVO
Laura Thomas	Senior Community Engagement Worker, LINKs Host Team
Helen Clark	Senior Administrator, LINKs Host Team

Aims and objectives

The aims of the project are as follows;

- To improve the length of time and complexity of referral processes
- To improve the time taken for information to be shared between the GP and hospital
- To improve the efficiency of information sharing between hospitals and GP's

The objectives are;

- Investigate the average time taken for correspondence to be transferred between GP's and hospitals
- To explore and share examples of best practice

Activities & information gathering

In order to gather the appropriate information, opinions and facts on information sharing between GP's and hospitals the task and finish group used a variety of the following methods.

Statutory 20 Day Letter Requests

The LINK has powers under legislation to hold health and social care providers to account and they have a duty to respond to requests for information within 20 working days.

The following formal requests for information were made:

Date	Recipient of request	Purpose of request
14/06/11	Nottingham University Hospitals NHS Trust	To gain information on discharge planning, time and consistency of the transference of information, monitoring and electronic systems.

Date	Recipient of request	Purpose of request
23/06/11	GP Surgeries	To gain information on discharge planning, time and consistency of the transference of information, monitoring and electronic systems.
14/06/11	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	To gain information on discharge planning, time and consistency of the transference of information, monitoring and electronic systems.
14/06/11	Sherwood Forest Hospitals NHS Foundation Trust	To gain information on discharge planning, time and consistency of the transference of information, monitoring and electronic systems.
27/06/11	NHS Bassetlaw	Support to circulate statutory 20 day requests for information to all GP Surgeries
27/06/11	NHS Nottinghamshire County	Support to circulate statutory 20 day requests for information to all GP Surgeries

Responses from GP Surgeries

The following responses were gained from four GP's across the County:

Response 1 is from The Misterton Group Practice

Response 2 is from Larwood and Village Surgeries

Response 3 is from Bawtry and Blyth Medical

Response 4 is from the Riverside Health Centre

Question 1 - The time and consistency for patient information to be transferred from the hospital to the GP.

Response 1 - Times vary as does consistency. Bassetlaw PCT have audited this before so I suggest you contact them for their findings.

Response 2 - Most letters following admission are received from the hospital within 48 hours although this can vary depending on the ward and speciality. Clinic letters take longer and can be two weeks.

Response 3 - Varies from hospital. Usually by paper letter from OPD. DRI are piloting an electronic letter system (MediSec) which is working well. Bassetlaw hospital does better than most.

Response 4 - This is dependent upon which hospital patient information is bring sent from. Bassetlaw and Doncaster hospital are now using software to electronically send us outpatient and discharge information so there is little delay in receiving information. Other hospitals use the postal service to send us information which can take a few days to reach us.

Question 2 - The process for the patients GP being notified of discharge plans.

Response 1 - Discharge letter via internal post and sometimes faxed.

Response 2 - GPs are usually notified only on discharge by letter from the hospital as above.

Response 3 – Faxed discharge letter c [sic]diagnosis, medication & Follow Up plan. Patient usually has a copy.

Response 4 - Currently we do not receive any communication regarding discharge plans from any hospital in advance of patients being released from hospital.

Question 3 - What systems are in place for the transference of patient information between the hospital and the GP?

Response 1 - Letter via internal post and sometimes faxed.

Response 2 - Currently letters are received by fax or mail, but we are moving to an electronic system direct to notes soon.

Response 3 – Faxed discharge letter c diagnosis, medication & Follow Up plan. Patient usually has a copy.

Response 4 - There are no set systems in place for transference of information. Information is sent in internal mail, by external post or sent to a safe haven fax.

Question 3a - How is this monitored?

Response 1 - We do not monitor receipt of discharge letters.

Response 2 – unanswered

Response 3 – The PCT has the responsibility of monitoring provider contract.

Response 4 – No response

Question 4 - Are the systems in place consistent across all hospitals and GP's surgeries?

Response 1 – Unknown

Response 2 - The same system is used for all GP surgeries in Bassetlaw as far as we are aware.

Response 3 - Depends on hospital

Response 4 - Each practice will have there [sic] own process for transferring information to the hospital.

Question 5 - Please specify why this system is currently being used?

Response 1 – Unknown

Response 2 - Currently moving to another system which will improve communication.

Response 3 - Historic

Response 4 - We send information via internal mail and fax.

Question 6 - What policies and procedures are in place regarding the transference of patient information from the hospital to the GP?

Response 1 - Unknown

Response 2 - This may need to be clarified with the hospital regarding their policies and procedures.

Response 3 - Blood test results are sent electronically. Pilot Medisec from DRI for sending letters electronically. Seems to be working well.

Response 4 - We are not party to hospital policies and procedures so are unable to comment.

Question 7 - Does your GP's surgery use electronic systems for information sharing?

Response 1 - Some. Pathology results are transmitted electronically. Discharge letters are not but I believe a project is underway to pilot this. Contact Sue Kyle at Bassetlaw PCT for more info.

Response 2 - Yes our surgery allows some limited sharing of systmone and uses the computer system extensively within the practice.

Response 3 - Can receive but no procedure for sending out except by email & fax.

Response 4 - No

Question 8 - Can information be sent as a priority? And if so, how?

Response 1 - If information is urgent we are telephoned.

Response 2 - Urgent communication is usually faxed and a telephone call made to ensure delivery and action e.g. from pathology labs with urgent results.

Response 3 - Only by fax.

Response 4 - If urgent information is required it is sent by fax

Question 9 - Have you received any complaints over the last 12 months regarding the transference of information between hospitals and GP's?

Response 1 - No

Response 2 - No complaints specifically received regarding transmission of data from hospitals to the Surgery, however, on one occasion in the process of investigating a complaint we had not received a discharge slip for a patient.

Response 3 – Unaware of any.

Response 4 - Not to our knowledge.

NHS Acute Trusts

Next, the group contacted each of the acute hospital trusts across Nottinghamshire and gained the following information;

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

1. *The time and consistency for patient information to be transferred from the hospital to the GP.*

All patient information related to the discharge letter should be transferred from hospital to the GP within 24 hours of discharge. The information which is forwarded to GPs has been standardised in negotiation with GPs and through commissioners. This standard information includes:-

- Patient identifier
- Admission and discharge date
- Diagnosis
- Operation and/or procedure
- Key test results
- List of medication taken at time of discharge
- Details of medication started during the admission
- Action and future plans
- If any follow up is required by the hospital - when this is and why

This information is reviewed through a quarterly audit process. The first audit results are not yet available.

2. *The process for the patients GP being notified of discharge plans.*

Currently the standard process for transferring the information to GPs is via fax. We are however developing, in conjunction with GPs, a system called I Tracker. This will enable GPs to have electronic access to the above information.

3. *What systems are in place for the transference of patient information between the hospital and the GP?*

Please see answer to question 3a.

3a. How is this monitored?

Information to GPs as identified within question 1 forms part of our target and is monitored as part of the performance contract on a quarterly basis as agreed with commissioners.

4. Are the systems in place consistent across all hospitals and GP's surgeries?

The systems in place in our hospital sites which form Doncaster and Bassetlaw Hospitals NHS Trust are consistent and this consistency is monitored as identified in answer to question 3a. However, we are unable to identify what systems are used at other Trust's or GP surgeries. LINK would need to request information from these organisations.

5. Please specify why this system is currently being used?

The Trust decided to use a fax system a number of years ago because this enabled consistency. As identified previously, we are identifying an electronic system with GPs to enhance information transfer, but due to the different systems used within GP surgeries, and the varying wishes of GPs to be involved in this project, this will not be standardised for some time.

6. What policies and procedures are in place regarding the transference of patient information from the hospital to the GP?

All transference of patient information falls under our hospital policy, Safe Haven Guidelines and this can be accessed via the Trust's internet. I have however attached a copy to this letter for your information.

To view the Safe Haven Guidelines, please follow this link:

[http://www.dbh.nhs.uk/freedom_of_information/information_classes/Corporate Policies/Information Communication and Technology.aspx](http://www.dbh.nhs.uk/freedom_of_information/information_classes/Corporate_Policies/Information_Communication_and_Technology.aspx)

7. What is the percentage of GP's surgeries using electronic systems for information sharing?

We have no knowledge of this. The information would need to be requested from GP surgeries.

8. Can information be sent as a priority? And if so, how?

Currently all priority information is faxed across to GPs.

9. Have you received any complaints over the last 12 months regarding the transference of information between hospitals and GPs?

We have received 3 complaints in the last 12 months. This is a trust wide figure and does not relate to GPs within the Nottinghamshire area.

Nottingham University Hospitals NHS Trust

1. The time and consistency for patient information to be transferred from the hospital to the GP?

Currently there are a range of systems used to transfer inpatients and outpatients information to GPs. There are a range of systems used to transfer patients' information to GPs. These include:

- **NUH GP Access IT system:** This is an electronic transfer of documents, approximately 44 practices within the city and county use this system however all practices are able to gain access to it should they choose to.
- **EDIS system:** this is emergency department (ED) clinical system. All patients who attend ED will have a letter for the GP generated from this system. For those GPs taking electronic documents this letter, along with a clinical summary, will be delivered to them automatically via the GP Access system. For those GPs who do not take electronic letters a letter from the EDIS system is printed out and sent to them.
- **Paper:** For GPs who do not use the electronic system letters and all other information is posted out to the Practices. NUH works to meet the national standards for discharge summaries and wherever possible ensures information is sent out as quickly as possible. Should there be urgent issues NUH will always ring the Practice and speak to the relevant individual.
Inpatients - The roll out of Electronic Discharge and Electronic "To Take Home" medications (EnOs) is currently in process at the Queens Medical Centre (QMC). 22 wards on the QMC Campus currently use this system. This roll out will continue until all inpatient areas at NUH use the system.

We are at present in a period of transition therefore the three processes (see above) are in use. GPs will either receive a posted discharge letter or an electronic one. However, the one consistent process is that all patients who take home medication from NUH will have a copy of the PRIDE form sent to their GP which ensures consistency and patient safety.

2. The process for the patients GP being notified of discharge plans

Inpatients - The notification of patient discharge is dependent upon the patient's needs and requirements when they go home. It is possible that a GP may be invited to be part of the patient's discharge planning if the patient has complex medical needs. More usually the GP is notified of their patient's discharge from hospital by a letter which may be sent in the post, delivered by the patient to the GPs surgery or sent electronically via GP Access IT System. If the patient has been an inpatient on one of the wards using the ETTO system and the GPs surgery has access to NUH's GP Access IT system they will receive electronic notification at the point of discharge.

Outpatients - GPs are either notified of their patient's information following an appointment by letter or where they have access using NUH's GP Access IT system.

3. What systems are in place for the transference of patient information between the hospital and GP?

There are various systems in place including:

- Paper which is posted or faxed
- ETTOs which are printed out and posted
- Electronically transferred documents via NUH's GP Access IT system

3a. How is this monitored?

Currently paper letters are not monitored unless a specific problem is identified. As we are developing the GP Access IT system there are only a couple of monitoring reports, one shows how many practices are actively using GP Access for electronic documents and one that shows the number of e-posted documents. The new EETO system will produce reports when it is fully implemented.

4. Are the systems in place consistent across all hospitals and GP surgeries?

All paper systems throughout the hospitals are consistent across both county and city GP practices. The EDIS System used in ED is consistently used between ED and GP practices. NUH's GP Access IT system is available to all GP practices across the city and county, however the practices themselves determine if and when they activate the system for electronic letters.

5. Please specify why this system is currently being used?

The paper system is currently being used as it is the only system that can be delivered from NUH consistently to all GP practices. However the opportunity to have electronic documents and a range of other results is available but the practice is required to sign up to the system.

6. What policies and procedures are in place regarding the transference of patient information from the hospital to the GP?

There are a number of information governance policies that all staff using and sharing information have to abide by. These policies are regularly reviewed, consulted on, updated and republished. Staff are made aware of all updated policies using internal meeting processes. All reviews and updated policies are published on the intranet and in the staff weekly briefing.

Professional codes of conduct govern all medics, nurses and professionals allied to medicine which supports the requirements made by NUH for staff to abide by the information governance policies.

7. What is the percentage of GP surgeries using electronic systems for information sharing?

44 practices currently use NUH GP access IT electronic system across City and County PCTs.

8. Can information be sent as a priority? And if so, how?

Unfortunately this is not currently possible however if there are problems requiring urgent attention the GPs will be contacted by phone. This is frequently done by the doctor treating the patient.

9. Have you received any complaints over the last 12 months regarding the transference of information between hospitals and GPs?

NUH has received no complaints which list the transfer of information between NUH hospitals and GPs as the primary issue.

Sherwood Forest Hospitals NHS Foundation Trust

1. The time and consistency for patient information to be transferred from the hospital to the GP?

Documents are sent from the Trust to the GPs either after an in-patient is discharged or following a patient attending an out-patient clinic appointment. For all in-patients, discharge documentation should be completed during the discharge procedure, at which time a copy is printed for the patient to take away with them, and a copy is sent immediately to the patient's GP electronically. For outpatient clinic letters the Trust has a target, which was set by NHS Nottinghamshire County PCT, to send all letters out within five working days. These letters are dictated by Consultants and then typed by our medical secretaries and many specialities in the Trust achieve this target. We are always striving to reduce the turnaround times in the teams that do fall behind this target to ensure that we do offer our primary care colleagues and patients the best possible service.

2. The process for the patients GP being notified of discharge plans

The details of any discharge plans that are made for patients should be recorded in the discharge summary by the hospital doctor. The discharge documentation will be delivered directly to a nominated secure, encrypted email address within the practice, or inserted directly into the practice system and flagged to the practice in a manner appropriate to the clinical system in question. For end of life patients or those with complex needs the Integrated Discharge Team will be in the majority of cases involved in the patient's discharge. The team will include the patient's district nurse in all the Multi Disciplinary Team (MDT) meetings that plan the patient's discharge. The district nurses will then feedback information to the GP.

3. What systems are in place for the transference of patient information between the hospital and the GP?

Two Discharge documents are transmitted electronically directly to the GP surgery. This is currently via secure, encrypted email but this will be superseded by the use of the DTS (Data Transfer Service – a national system) messaging which will deliver the document directly into the GP clinical system.

3a. How is this monitored?

The Trust's Information Services produce monthly reports of the numbers of patients having electronic discharge documentation produced and compares this to the number of admissions on the Trust PAS (Patient Administration System) to ensure compliance with the PCT target. To ensure electronic delivery is not compromised, monitoring systems have been introduced that warn technical services of any interruptions in service ensuring any issues are dealt with in a timely manner.

4. Are the systems in place consistent across all hospitals and GP's surgeries?

All hospitals within Sherwood Forest Hospitals NHS Trust send discharge documentation in this manner to all North Nottinghamshire GP practices

5. Please specify why this system is currently being used.

This system was designed to ensure that the documentation was held against an EPR (electronic patient record) within the Trust and to also ensure that the documentation reached patients and GPs in the fastest, most efficient manner. GP representatives were involved in the system development.

6. What policies and procedures are in place regarding the transference of patient information from the hospital to the GP?

The Information Security Policy and Safe Haven Procedures deal with the secure transfer and processing of information. They state how information should be transferred securely for all recipients and not just between the Trust and GPs. This policy and procedures will be followed when transferring patient information from the hospital to the GP.

7. What is the percentage of GP's surgeries using electronic systems for information sharing?

100% of GP practices in North Nottinghamshire receive electronic discharge documentation from Sherwood Forest Hospitals NHS Foundation Trust

8. Can information be sent as a priority? And if so, how?

All electronic discharge documentation is sent as a priority. Any Urgent letters from the outpatient clinics may be faxed rather than mailed to GP's to ensure that they receive the information as a priority.

9. Have you received any complaints over the last 12 months regarding the transference of information between hospitals and GP's?

There have been issues of duplicated discharge documents being sent in some circumstances. System enhancements have now been implemented that should resolve this issue which is now being monitored.

Recommendations

Following the collation of all of the above information the task and finish group would like to make the following recommendations;

Recommendations	Expected Outcomes	To Whom
1) Clinical Commissioning Groups and GP's to work in partnership to develop their electronic communication systems, and the transfer of information systems.	<p>Improved speed and efficiency of sending and receiving information</p> <p>Improved safety and security when sending and receiving information</p> <p>Reduced delay in transferring information between GP's and hospitals</p> <p>Improved services for the patient</p>	<p>Principia Rushcliffe Clinical Commissioning Group</p> <p>Newark and Sherwood Health</p> <p>Mansfield and Ashfield NHS Clinical Commissioning Group</p> <p>Nottingham North and East Clinical Commissioning Group</p> <p>Nottingham West Clinical Commissioning Group</p> <p>Bassetlaw Commissioning Organisation</p> <p>All GP practices</p>
2) NHS trusts to work in partnership with GP's and Clinical Commissioning	Improved speed and efficiency of sending and receiving	Principia Rushcliffe Clinical Commissioning

Recommendations	Expected Outcomes	To Whom
Groups to align electronic communication systems	<p>information</p> <p>Improved safety and security when sending and receiving information</p> <p>Reduced delay in transferring information between GP's and hospitals</p> <p>Improved services for the patient</p>	<p>Group</p> <p>Newark and Sherwood Health</p> <p>Mansfield and Ashfield NHS Clinical Commissioning Group</p> <p>Nottingham North and East Clinical Commissioning Group</p> <p>Nottingham West Clinical Commissioning Group</p> <p>Bassetlaw Commissioning Organisation</p> <p>All GP practices</p> <p>Nottingham University Hospitals NHS Trust</p> <p>Sherwood forest Hospitals NHS Foundation Trust</p> <p>Doncaster and Bassetlaw Hospitals NHS Foundation Trust</p>
3) We recommend that Local HealthWatch revisit this issue in 2013	<p>Improved speed and efficiency of sending and receiving information</p> <p>Improved safety and</p>	Local HealthWatch via Nottinghamshire County LINK

Recommendations	Expected Outcomes	To Whom
	<p>security when sending and receiving information</p> <p>Reduced delay in transferring information between GP's and hospitals</p> <p>Improved services for the patient</p>	
<p>4) Clinical Commissioning Groups to support and encourage GP's to be more accessible to statutory and non statutory organisations</p>	<p>Improved speed and efficiency of sending and receiving information</p> <p>Improved safety and security when sending and receiving information</p> <p>Reduced delay in transferring information between GP's and hospitals</p> <p>Improved services for the patient</p>	<p>Principia Rushcliffe Clinical Commissioning Group</p> <p>Newark and Sherwood Health</p> <p>Mansfield and Ashfield NHS Clinical Commissioning Group</p> <p>Nottingham North and East Clinical Commissioning Group</p> <p>Nottingham West Clinical Commissioning Group</p> <p>Bassetlaw Commissioning Organisation</p> <p>All GP practices</p>

Conclusions

Following the collection and analysis of all of the above information the task and finish group have found it difficult to form recommendations based on the above evidence due to the major current changes happening across the NHS, which are having a huge impact on many of the organisations mentioned in this report.

As part of the recommendation and monitoring process, it is key that both the Nottinghamshire County LINK and Local HealthWatch monitor and review this subject as changes occur and are implemented. At this point structures can be put into place to ensure that information sharing between hospitals and GP's is efficient, cost effective and timely.

It is also felt by the task and finish that the Nottinghamshire County LINK should work closely with the Clinical Commissioning Groups to review their plans and commissioning intentions, and how they plan to work with all stakeholders when implementing this.

Monitoring

Ongoing monitoring of the above concerns and recommendations will be undertaken by the Nottinghamshire County LINK. The Task and Finish Group will reconvene in six months to begin measuring progress and the results of this monitoring will be included in appropriate LINK publications and fed back to communities and relevant organisations. The recommendations will also be passed on to HeathWatch when it is established.

Thanks

In order to complete this report a number of partners and stakeholders supported the group by sharing information and taking part in the task and finish group.

The task and finish group would like to thank the following organisations;

- Nottingham University hospitals NHS Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- NHS Nottinghamshire County
- NHS Bassetlaw
- GP Surgeries

- Principia Rushcliffe Clinical Commissioning Group
- Newark and Sherwood Clinical Commissioning Group
- Mansfield and Ashfield NHS Clinical Commissioning Group
- Nottingham North and East Clinical Commissioning Group
- Nottingham West Clinical Commissioning Group
- Bassetlaw Commissioning Organisation